ODDED FOR CURRUES OR OFFICE											PAGE 1 OF	
ORDER FOR SUPPLIES OR SERVICES										57		
1. CONTRACT/PURCH O		2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER (YYYYMMMDD)	4.1		4. REQUISITION/PURCH REQUEST NO.			5. PRIORITY	
N001781	19D8168	N6449822F3001			2021OCT	130096			0960	)421	DO-A3	
6. ISSUED BY CODE N64498 7. A					7. ADMINISTERED BY (If other than 6) CODE						8. DELIVERY FOB	
NAVAL SURFACE	WARFARE CENTER		SCD: C						H <b>=</b>			
NSWCPD							(See Schedule If					
Philadelphia, PA 191		10. DELIVER TO FOB POINT BY (Date)						other)				
9. CONTRACTOR	CODE 4X596					PACIEITY 131083896 (YYYYMMMDD)					11. X IF BUSINESS IS	
•					•			SEE SCHEDULE  12. DISCOUNT TERMS			SMALL DISAD-	
NAME AND 100 GROV							WAWF	VANTAGED WOMEN-OWNED				
ADDRESS THOROFA			13. MAIL INVOICES TO THE ADDRES									
•11.01.0		•					E SECTIO					
14. SHIP TO		CODE		15. PA	15. PAYMENT WILL BE MADE BY CODE HQ0337						MARK ALL	
DFAS Columbus Center, North Entitlement Operations									ons	PACKAGES AND PAPERS WITH		
SEE SECTION F  DEAS Columbus Center, North Entitlement Operations P.O. Box 182266									IDENTIFICATION NUMBERS IN			
Col					Columbus, OH 43218-2266						BLOCKS 1 AND 2.	
16. DELIVERY/ CALL This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.												
TYPE OF	TYPE OF Reference your furnish the following on terms specified herein.											
ORDER PURCHASE	ACCEPTANCE. THE O	CONTRACTOR DDIFIED, SUBJ	HEREBY ACCEPTS	THE OF	FER REPRESENTED	BY THE N	UMBERE	ED PURCI	HASE OR	DER AS IT MAY FORM THE SAN	PREVIOUSLY HAVE	
					(b)(6)							
NDI ENGINEERIN		- CI	IGNATURE		CEO	TYPED	TIABAE /	AND TITL	_		DATE SIGNED	
				bar a	d content	ITTED	NAME	(ND III)	E		(YYYYMMMDD)	
	If this box is marked, supplier must sign Acceptance and return the following number of copies:  17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE											
SEE SCHEDULI												
SEE SCHEDOLI	2											
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES						20. QUA ORDER ACCEPT	RED/	21. UNIT	22. U	NIT PRICE	23. AMOUNT	
app coupping												
SEE SCHEDULE												
*If quantity accepted b		24. UNITED	STATES OF AMERIC	CA						25. TOTAL	(b)(4)	
same as quantify ordered, indicate by X. If different, enter actual quantify accepted below /S/(6)										26. DIFFERENCES		
quantity ordered and encircle.  BY:					CONTRACTING/ORDERING OFFICER					DIFFERENCE		
27a. QUANTITY IN COL	ACC	CEPTED, AND	CONFORMS TO EXCEPT AS NOTED:									
b. SIGNATURE OF AUT	DATE	d PRINT	TED NAI	MF AND	TITLE OF	AUTHORIZED (	SOVERNMENT					
					d. PRINTED NAME AND TITLE OF AUTHORIZED  (YYYYMMMDD)  REPRESENTATIVE					ACTION	70 V L	
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					B. SHIP. NO.	29. D.O. VOUCHER NO. 30. INITIALS						
f. TELEPHONE NUMBER g. E-MAIL ADDRESS					PARTIAL FINAL	32. PAID BY 33. AMOUNT V			VERIFIED CORRECT FOR			
g. Link E. Dolleo					1. PAYMENT	34. CHECK NUN				JMBER		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					COMPLETE							
a. DATE (YYYYMMMDD) b. SIGNATURE AND TITLE OF CERTIFYING OFFICER					PARTIAL	35. BILL OF LA				ADING NO.		
37. RECEIVED 38. RECEIVED BY ( <i>Print</i> ) 39. DATE RECEIVED					FINAL D. TOTAL CON-	41. S/R ACCOUNT NUMBER 42. S/R VOUC			HER NO.			
AT (YYYYMMMDD) TAINERS												